COMMENTARY

Decentering Mindfulness: Toward Greater Meditative Diversity in Global Public Health

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Abstract

In this commentary on "Mindfulness for Global Public Health: Critical Analysis and Agenda," the authors affirm Oman's emphasis on the need for alternative religious-derived meditative programs and interventions, placed alongside Buddhist-derived mindfulness, for global public health. To begin, we highlight areas of agreement with Oman, then provide a metaphor we believe fittingly captures the current dilemma faced by those ambitiously attempting to globalize mindfulness for public health. Next, we advocate for the decentering of mindfulness, via developing and distributing evidence-based meditative practices derived from other religions, so public health strategies can be more diverse for global consumption. To do so, we offer examples from our own efforts to operationalize and experimentally investigate meditative and contemplative practices housed within the millennia-old Christian religious tradition for contemporary Christian communities experiencing psychological and spiritual suffering. Such examples include contemplation within the classic Medieval work *The Cloud of Unknowing*, the Jesus Prayer in Eastern Orthodox Christianity, Puritan meditation in Protestant Christianity, and Ignatian meditation and contemplation in Catholic Christianity. To conclude, we offer basic steps for the further development of such alternative religious-derived meditative practices, along with a more detailed account of a recent empirical study of our own. Overall, our hope is to promote greater meditative diversity in the noble pursuit of global public health, with mindfulness offered alongside a plethora of other religious meditative practices, which can provide local communities around the world with a broader range of worldview-dependent and -sensitive options.

Keywords Mindfulness · Meditation · Public health · Christianity

We commend Oman (2023) for comprehensively exploring the strengths and limitations of the past, present, and future of mindfulness-based programs (MBPs) and mindfulness-based interventions (MBIs) for global public health, especially Oman's willingness to discuss alternative, religious-derived, non-Buddhist "analogue" options. Indeed, over the last several decades, Western mindfulness researchers have helpfully modeled how to operationalize, empirically investigate via scientific methods, and popularize meditative practices for widespread public consumption, whether for ameliorating suffering or improving health (see, e.g., Stanley, 2012), with a demonstrated pattern of positive results (see, e.g., Eberth & Sedlmeier, 2012; Khoury et al.,

2013). As an added benefit, these MBPs and MBIs seem to offer at least some flexibility, since they can be adapted, whether through "deep" or "surface" adjustments (Oman, 2023), in an effort to integrate the worldview preferences of non-Buddhist mindfulness practitioners. This apparent malleability, to be certain, may be viewed by some as a considerable strength if mindfulness is going to be successfully distributed worldwide as a feasible, effective strategy for the promotion of public health and, consequently, betterment of a plurality of societies.

Along a continuum, we concur with Oman (2023) that there are several meditative options for doing so, including two that are Buddhist-derived and mindfulness-based and one that is made up of alternative religious-derived approaches that do not employ Buddhist-derived mindfulness as either a beginning or ending point. The first Buddhist-derived option involves delivering mindfulness meditation within its original, larger Buddhist religious system, or worldview (recently labeled "explicitly religion-themed

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mindfulness programs" or "science-based Buddhist practice"; Krägeloh et al., 2022), whereas the second, described by Oman as "adapted," involves extracting it from Buddhism and adjusting it, as needed, with the language, beliefs, and values of an alternative community, whether secular or religious. The most commonly used MBPs and MBIs within the psychology literature fall within the second category (also called "first-generation" MBIs; see Van Gordon & Shonin, 2020), with both surface- and deep-level adaptations, such as Mindfulness-Based Stress Reduction (MBSR; Woods & Rockman, 2021), Mindfulness-Based Cognitive Therapy (MBCT; Segal et al., 2012), and Dialectical Behavior Therapy (DBT; Linehan, 2015).

Worth mentioning, there has been a newer call among some mindfulness authors to develop and research "second-generation" MBIs, which more explicitly draw upon and acknowledge Buddhist influences by (a) emphasizing spiritual (not just psychological) functioning, (b) utilizing additional meditative practices, such as loving-kindness meditation, not just mindfulness in isolation, (c) situating mindfulness within the larger moral framework/ethical system of Buddhism, and (d) requiring some sort of advanced training on the part of instructors (Van Gordon & Shonin, 2020). As a result, along the aforementioned continuum, it appears as though "second-generation" MBIs are located somewhere between the first (i.e., mindfulness housed and delivered within an explicitly Buddhist worldview) and second (i.e., mindfulness extracted from Buddhism as an isolated practice and "adapted") options, given they are still technically secular and not promoted within Buddhism as a comprehensive religious conduit. Recent research has revealed that "second-generation" MBIs, when infused with Buddhist ethics, may help practitioners not only ameliorate psychological suffering (e.g., stress), as is the main aim with "first-generation" MBIs, but also improve prosocial behavior (e.g., charitable giving) (Chen & Jordan, 2020).

Yet, as Christian psychologists who work within Christian communities and have developed a line of research for investigating alternative Christian-derived meditative and contemplative programs and interventions, we do not believe these Buddhist-derived options (whether "first-generation" or "second-generation" with either surface- or deep-level adaptations) offer enough flexibility, since they still begin and end with a meditative practice, mindfulness, that comes from only one religious worldview, Buddhism. In support of this concern, a recent study of online adults (religiously affiliated and non-affiliated) revealed a negative relationship between a literal reading of religious participants' sacred text and likelihood of trying either secular or Buddhist mindfulness (Palitsky et al., 2022), which means non-Buddhist religious adults who rely upon their religion's sacred writings to guide life may be reluctant to practice

even seemingly secularized, let alone explicitly Buddhist, versions of mindfulness.

Therefore, in this commentary, we add to Oman's (2023) suggestion of developing alternative, religious-derived, "analogue" practices for global public health, focusing on distinctly Christian strategies for Christians around the globe. This is especially important, given that approximately 31% of the world population identifies as Christian (Pew Research Center, 2017). Overall, we advocate for dually decentering mindfulness and cultivating greater meditative diversity via a broader range of religious-derived "analogue" meditative programs and interventions, which we believe can best contribute to worldwide public health.

What follows, thus, is a brief summary of Oman (2023), a metaphor that we believe captures the current mindfulness dilemma, a response to Oman (2023), reasons for alternative religious-derived meditative programs and interventions, recommended steps to develop such programs and interventions, and an example of our own empirical efforts to create Christian-sensitive alternatives to Buddhist-derived mindfulness.

A Summary of Oman (2023)

In Oman's (2023) comprehensive review article, the author explored the mindfulness movement, offering a detailed account of the strengths and limitations of MBPs and MBIs. The present authors affirm Oman's efforts to select a religious-derived meditative practice, mindfulness, and advocate for its use for improved public health across physical, psychological, social, and spiritual functioning. To be sure, Oman's emphasis on religion and spirituality in public health was especially salient, given that, around the globe, the majority of adults identify with a religious worldview (e.g., 31.2% Christian, 24.1% Muslim, 15.1% Hindu, 6.9% Buddhist; see Pew Research Center, 2017).

As another strength, Oman (2023) acknowledged there exists a variety of meditative offerings, ranging from "Buddhist-derived" (via surface "adaptations" that make minor adjustments or deep "adaptations" that integrate an entirely different set of values) on one end to alternative religion-derived ("analogue" meditative practices that start from within a different religious system entirely, rather than making "adaptations" to mindfulness) on the other. Furthermore, Oman suggested the possibility that "co-branding" (i.e., using alternate terms to promote related ideas/products under a grouped umbrella) may be a means of furthering the important impact of mindfulness and its adaptations and analogues. Upon highlighting the existing continuum of practices, from our perspective, Oman has rightly brought up a dilemma within the mindfulness movement, especially

as researchers advocate for its use to promote global public health.

Certainly, just under 7% of the world population identifies as Buddhist, with Christians accounting for a little over 31% (Pew Research Center, 2017). With this discrepancy in mind, why argue for the employment of mindfulness (or the co-branding of mindfulness with other practices), which is derived from Buddhism, across the globe to improve holistic health within diverse religious communities, especially since Buddhism is not practiced or embraced by the majority of adults worldwide? In fact, although some have suggested that mindfulness as a meditative practice has been sufficiently "secularized" for mass consumption across both religious and non-religious communities, we argue, along with other voices (e.g., Brown, 2016), that some of its Buddhist assumptions are still present as "stealth Buddhism," which poses a problem for non-Buddhist religious adults who have their own meditative practices housed within their own religious system. In other words, some Western mindfulness advocates seem to be selectively relying on certain Buddhist assumptions (e.g., mindfulness is an insight meditation to gain greater awareness of the three marks of existence: life is suffering, there is no individual self, and everything is impermanent; see, e.g., Tirch et al., 2016; Woods et al., 2019), while potentially downplaying its larger religious system, or worldview, and wider array of assumptions about the nature of reality (ontology), knowledge acquisition (epistemology), values (axiology), purpose and meaning (teleology), and so forth (see Johnson et al., 2011). Furthermore, with these distinctions in religious systems and worldviews, co-branding mindfulness with alternate practices may lead to assumptions of deep-level coherence between the practices rather than clarifying the important foundational differences that exist. Thus, we offer a metaphor in an effort to capture this dilemma, before moving on to our major argument.

A Delivery System Metaphor: Supplement or Solid Food?

Imagine that a public health official went on worldwide television and announced that a new once-a-day multivitamin was created as a supplemental alternative to each culture's daily balanced diet for public health. In other words, rather than each culture eating the foods that they are accustomed to, only one pill per day is needed, seemingly infused with an array of vitamins and nutrients, for holistic health. Upon hearing this ambitious announcement, many local communities would rightly respond with a plethora of concerns.

Among others, a concern may emerge that vitamins are actually best delivered through whole foods, not as supplements (Lichtenstein & Russell, 2005). Worded differently, trying to simply extract vitamins and nutrients from foods

for convenience may undermine the effectiveness and utility of the entire food delivery system. What is more, giving up the whole foods, dishes, cuisines, etc., of one's local culture may be problematic for other reasons, given there might be additional benefits, with a greater purpose or telos (e.g., social, psychological, religious, spiritual, cultural; see Ratcliffe et al., 2019), beyond just ingesting a meal to get the vitamins and nutrients needed for physical survival.

Although surely an imperfect metaphor, we believe this is the current dilemma that the mindfulness movement faces, especially as it attempts to expand its influence in the arena of global public health. Like a multivitamin, mindfulness has been extracted from its larger religious delivery system and may dually lose its effectiveness and ultimate purpose (see, e.g., Monteiro et al., 2015).

A Response to Oman (2023)

With the above metaphor in mind, and in response to Oman's (2023) article, we suggest that, for the sake of public health, (a) mindfulness may need to be returned to its larger religious worldview, or at least be more explicitly acknowledged as having a Buddhist delivery system that optimizes its effectiveness, given some of its assumptions (e.g., the three marks of existence) are needed to discern the purpose of the practice as an insight meditation (Huxter, 2007); (b) mindfulness, with its more explicitly acknowledged Buddhist heritage, should be decentered within global public health and placed alongside many other diverse options (rather than being co-branded), since it is only one meditative practice within one religious worldview (for a recent review of a variety of meditative practices across religious traditions, see Koenig, 2023); and (c) alternative religious programs and interventions, embedded and centered within their own comprehensive religious systems (with corresponding assumptions about God or deity, reality, knowledge, values, humanity, meaning and purpose, and practice; see Johnson et al., 2011), should be operationalized and empirically validated for global public health. Although researchers can certainly draw inspiration, strategy-wise, from the mindfulness movement on the requisite steps needed to do so, greater meditative diversity is paramount for increasing global consumption.

More specifically, mindfulness in the West is a relatively recent import from Buddhism in the East, emanating from a unique religious system. In the process, it has supposedly been "secularized," that is, removed from its larger religious worldview, and embedded in many Western programs and interventions. Yet, we believe its religious influences are still present, especially its telos or purpose (e.g., mindfulness is an insight meditation to gain awareness of the three marks of existence). This reality has at least two major consequences:

(a) it is possibly less effective, since its telos is not explicitly acknowledged and often misunderstood (mindfulness is commonly used incorrectly to reduce symptoms, at least in the way experimental outcome studies are designed and hypotheses generated); and (b) its roots are still there, but unacknowledged, which prevents clients from other religions from making informed decisions about choosing meditative practices derived from their own religious system.

Because of this, some authors have argued that it may be impossible to fully "secularize" mindfulness by removing it from its religious system (Brown, 2016). In agreement, we argue that other meditative practices, preserved within their own original religious systems, should be developed, empirically confirmed, and distributed for global public health, too, and these should be distributed as distinct, emic-derived approaches for public health rather than as "functionally analogous alternatives" to mindfulness.

If we view mindfulness along an expanded continuum, ranging from (a) embedded within the Buddhist religious system, to (b) extracted from Buddhism and supposedly "secularized," to (c) adjusted so alternative religious systems can be integrated, to (d) abandoning mindfulness altogether and starting from scratch within an alternative religious system, in this commentary, we explore this last approach in an effort to increase meditative diversity in global public health. Indeed, we do not believe these "analog" practices should even be called mindfulness, given the term comes from Buddhism, which would imply that other religions should be adjusted to make room for Buddhist language. We also do not believe that co-branding these approaches with mindfulness is the best approach, given the highly distinct worldview foundations. Instead, religious language from the religion of origin should be used, and worldview distinctions should be highlighted, to be sensitive to the beliefs and practices of diverse religious communities, and, consequently, mindfulness should be decentered.

So, the two of us, along with several other colleagues, have developed a line of research that (a) starts with Christianity, (b) operationalizes and manualizes "analogue" meditative and contemplative practices from within the Christian tradition, (c) researches them, outcome-wise, with pilot and randomized trial designs, and (d) distributes them to Christians for community consumption for the promotion of psychological and spiritual health (see Knabb et al., 2017; Knabb, Johnson, & Garzon, 2020a; Knabb, Pate, et al., 2020b; Knabb & Vazquez, 2018; Knabb, Vazquez, et al., 2020c; Knabb, Vazquez, Pate, Garzon, et al., 2022a; Knabb, Vazquez, Pate, Wang, et al., 2022b). To be sure, we are grateful to Western mindfulness researchers for providing a clear path for how to implement this process, including reviewing sacred texts and religious writings from a particular religion, operationalizing and manualizing the extracted practices, investigating their efficacy, and promoting them

to the wider public. Yet, for us, rather than futilely attempting to "secularize" Christian practices so non-Christians can utilize them, we have, in our own line of research, delivered them within their religious home to be exclusively used by Christians. Before offering our recommended steps to expand the availability of non-Buddhist, religious-derived meditative practices for global public health and an example from our own line of research, we would like to provide a more detailed list of potential reasons for alternative religious-derived meditative programs and interventions to increase meditative diversity around the world.

Reasons for Alternative Religious-Derived Meditative Programs and Interventions

From our perspective, there is a range of reasons to develop and distribute alternative religious-derived meditative programs and interventions, beyond the Buddhist-derived options that currently dominate public health. First, although Buddhist-influenced mindfulness has seen a steady rise in publications, mostly in psychology and psychiatry (Baminiwatta & Solangaarachchi, 2021), the two most prevalent religions, worldwide, are Christianity and Islam (Pew Research Center, 2017). Because of this, the promotion of meditative practices for global public health should involve greater worldview sensitivity. To be sure, most adults around the globe are not Buddhist and, instead, adhere to worldview assumptions that conflict with those from Buddhism (Brown, 2016), with differing beliefs about God (theology), reality (ontology), knowledge (epistemology), humankind (anthropology), values (axiology), purpose (teleology), and practice (praxeology) (Johnson et al., 2011; Koltko-Rivera, 2004). As mentioned previously, lingering Buddhist assumptions about reality, values, and purpose, even when supposedly secularized, may still be present—mindfulness meditation is an insight meditation to gain greater awareness of the three marks of existence (Huxter, 2007), which, at minimum, elucidates deeper worldview differences when contrasted with other world religions.

To offer a quick example, the first author recently co-edited a special issue for the *Journal of Psychology and Christianity* (Knabb, Johnson, & Garzon, 2020a)—with both the first (Knabb & Bates, 2020) and second (Vazquez & Jensen, 2020) authors contributing original theoretical articles—that focused on operationalizing meditation, prayer, and contemplation practices within the Christian religious tradition for use in clinical contexts. Within the special issue, each article was co-written by a Christian theologian (i.e., Catholic, Eastern Orthodox, Protestant) and mental health professional to ensure there was dually an accurate theological foundation for each respective practice and sufficient detail and linkage to psychological functioning to be potentially helpful for

Christians suffering from psychological distress. More specifically, an Eastern Orthodox theologian and Christian clinical psychologist presented the Jesus Prayer (Vazquez & Jensen, 2020), a Protestant theologian and Christian clinical psychologist illuminated Puritan meditation (Schwanda & Sisemore, 2020), a Catholic theologian and Christian marriage and family therapist offered Ignatian meditation and contemplation (Frederick & Muldoon, 2020), and a Protestant theologian and Christian clinical psychologist explored Medieval contemplation in the mystical writing *The Cloud of Unknowing* (Knabb & Bates, 2020). As the collaborative, multidisciplinary contributions to this special issue elucidated, there is a rich meditative and contemplative heritage within Christianity, which dates back millennia and offers suffering Christians worldview-sensitive alternatives to Buddhist-derived mindfulness. Many of these operationalized practices have been empirically investigated with randomized trials, with promising results (see, e.g., Knabb & Vazquez, 2018; Knabb, Vazquez, et al., 2020c; Knabb, Vazquez, Pate, Garzon, et al., 2022a).

Second, we believe those researching and promoting Buddhist-derived mindfulness should be more transparent about its origins, especially when promoting the practice among non-Buddhist religious communities around the globe, given it is impossible to fully disentangle mindfulness from its religion of origin, what critics call "stealth Buddhism" or "code switching" (Brown, 2016). Indeed, promoters of Western mindfulness may or may not use explicitly Buddhist terminology, depending on the audience (Brown, 2016). For example, Buddhism's Four Noble Truths (i.e., life is filled with suffering or unsatisfactoriness; suffering is due to clinging or attaching to desire; suffering can be ameliorated by letting go of desire and practicing nonattachment; the way to ameliorate suffering is to follow the Noble Eightfold Path; Teasdale & Chaskalson, 2011), which are perceived to be spiritual realities and illuminate ontological worldview assumptions (Shonin et al., 2016), seem to be threaded across the curriculum of one of the most popular Buddhist-derived mindfulness programs, MBSR, yet may not always be explicitly acknowledged (Brown, 2016).

Third, by separating mindfulness as a meditative practice from its larger religious system, it may lose its purpose and corresponding efficacy and be used in ways it was never intended to be used. For instance, Western secular mindfulness does not point to the Buddha as an example of enlightenment, which prevents practitioners from learning from *the* exemplar in Buddhism, nor does it promote Buddhism as an overarching ethical system, with particular moral behaviors (e.g., nonviolence, letting go of an attachment to pleasure or desire) for spiritual change; instead, mindfulness is merely a set of mental skills to alleviate personal psychological suffering (Farb, 2014).

Fourth, for communities around the globe to take up meditative practices and make them a regular part of daily life for holistic health, they need to be motivated to do so. We believe that embedding such practices within practitioners' own religion is optimal, given they are already familiar with the worldview assumptions (e.g., beliefs about God or deity, sources of knowledge, reality, values, meaning and purpose, and practices) emanating from their chosen religious system.

Finally, if we seek to impact public health, it is imperative to provide options for historically marginalized communities. For example, within the USA, the Black population has been underserved in the public health realm (Yearby, 2020). Given that 75% of the Black population in the USA identifies as Christian (Mohamed et al., 2021), any attempts to provide public health services to such a community (or any underserved group) must take into consideration the group's beliefs and values.

Recommendations for Alternative Religious-Derived Meditative Programs and Interventions

Based on (a) the trajectory already on display from popularized Buddhist-derived mindfulness programs currently in circulation in the West (see, e.g., Segal et al., 2012; Woods & Rockman, 2021) and (b) our desire to preserve the surrounding worldview system of Christianity when presenting Christian meditative and contemplative practices to Christian communities in the promotion of psychological and spiritual health, we have taken the following steps in our own line of research, which we believe can be a model for how to do so when developing and promoting alternative religious-derived meditative practices for global public health.

1. Start from within a designated non-Buddhist religious system (e.g., Christianity, Islam, Judaism).
2. Operationalize the definition of and steps for meditation, prayer, or contemplation from within the designated religion, relying on its sacred texts and other widely accepted historic religious writings for context and overarching purpose.
3. Identify the targeted public health outcome (e.g., physical, mental, social, spiritual).
4. Manualize the program and corresponding interventions with step-by-step instructions and guidelines for practice.
5. Identify the delivery method, location, and context, such as online or in person at a clinic or community setting.
6. Conduct pilot, then experimental, research to elucidate the program or intervention's efficacy and publish the findings in the peer-reviewed academic literature.
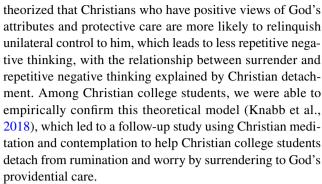
7. Translate the published findings for wider distribution to a designated religious community via user-friendly options (e.g., self-help workbooks, professional manuals for psychotherapy, online programs, church seminars).

Before concluding this commentary, we offer a recent example of many of these steps, drawing upon our research on Christian meditation for repetitive negative thinking.

Research Example of Alternative Religious-Derived Meditative Program and Intervention

Given the salient role that thoughts play in mental health, we sought to develop a short, manualized, 4-week program for Christian adults who struggle with unhelpful thinking patterns that may lead to or exacerbate psychological suffering (for more detailed presentations of this material, which is paraphrased and simplified here for the sake of brevity, see Knabb et al., 2018; Knabb, Vazquez, et al., 2020c; Knabb & Bates, 2020). To start, we identified a target population, Christians vulnerable to negative thinking patterns and, consequently, chronic types of psychological distress (e.g., depression, anxiety). Then, we selected sources from within the Christian religious system (not Buddhist-derived mindfulness), namely the Bible, the seventeenth-century Puritan writings on Christian meditation, and the fourteenth-century anonymous writing *The Cloud of Unknowing* on Christian contemplation in order to help twenty-first-century Christians utilize Christian meditative and contemplative practices to detach from rumination and worry—both forms of repetitive negative thinking that can leave people vulnerable to more chronic types of psychological suffering (e.g., depressive, anxiety, and trauma-related symptoms and disorders; see, e.g., Ehring & Watkins, 2008).

Within our theoretical model, we suggested that, for Christian adults, positive views of God's infinite goodness, wisdom, power, and providence (i.e., protective care, good governance) would be positively associated with Christians' willingness to surrender to God as a form of psychological coping, and this ability to yield to God would be negatively related to repetitive negative thinking, including ruminating about the past and worrying about the future (Knabb et al., 2018). What is more, we expected that detachment, defined within the context of Christianity as "a detached, flexible, humble ability to let go of the tendency to clutch or push away a preoccupation with inner experiences and the self and pivot from a preoccupation with the self and inner experiences to a more transcendent awareness of God's active, loving presence" (Knabb et al., 2018, p. 172), would mediate the relationship between Christian surrender and repetitive negative thinking. Worded differently, we

theorized that Christians who have positive views of God's attributes and protective care are more likely to relinquish unilateral control to him, which leads to less repetitive negative thinking, with the relationship between surrender and repetitive negative thinking explained by Christian detachment. Among Christian college students, we were able to empirically confirm this theoretical model (Knabb et al., 2018), which led to a follow-up study using Christian meditation and contemplation to help Christian college students detach from rumination and worry by surrendering to God's providential care.

In a follow-up, multi-site, randomized trial (Knabb, Vazquez, et al., 2020c), we tested the effects of a short, manualized, 4-week intervention for Christian college students. To utilize Christian meditation, which relies on words and images from the Bible, we drew from Puritan sources (see, e.g., Ball, 2016) to operationalize the steps. With Christian contemplation, which downplays the use of words and images, we operationalized the steps based on the instructions from *The Cloud of Unknowing* (see Bangley, 2006).

Within the program, we taught practitioners how to gently pivot from rumination and worry, via detachment, to an awareness of God's attributes, actions, and promises, elucidated in the Bible. Over 4 weeks, Christians (a) identified and logged possible rumination and worry, (b) meditated on God's infinite love (1 John 4:8), wisdom (Romans 11:33), power (Psalm 147:5), and providence (Romans 8:28) by slowly and interiorly reciting select verses in response to rumination and worry, and (c) contemplated God's love via a short phrase, "Let go," when they started to ruminate and worry. Pre- to post-intervention, we found that the Christian meditation and contemplation group outperformed a wait-list group on the variables of humility, detachment, surrendering to God, and perseverative thinking, all in the hypothesized direction. As this study reveals, Christian-derived alternatives to Buddhist-derived mindfulness are available to the public and may be a worldview-sensitive fit for non-Buddhists who are dually looking to draw from their own religious system and improve their mental and spiritual health.

Conclusion

To conclude this commentary, we highly value the contribution made by Oman (2023), especially their willingness to bring attention to the importance of meditative programs and interventions for global public health. Drawing inspiration from the trajectory of Buddhist-derived Western mindfulness programs and interventions, we believe additional meditative diversity is needed to more effectively promote global public health. Given the abundance of Christian writings on meditative and contemplative practices that span

millennia (see, e.g., McGinn, 2006), future researchers may wish to operationalize and empirically investigate additional worldview-embedded Christian practices, doing so for a wide range of psychological disorders, reminiscent of the ever-expanding Western mindfulness literature. In addition, we recommend that future researchers empirically investigate the effects of unique practices that are particular to each of the three branches of Christianity (i.e., Catholic, Eastern Orthodox, Protestant), drawing out both the major theological differences and nuances that certainly exist, so there are a plethora of theologically-familiar options for diverse Christian communities around the world. Furthermore, dismantling studies on Christian meditative and contemplative practices are needed to better understand what specific ingredients are most helpful for impacting positive psychological and spiritual change within a Christian delivery system. Overall, by decentering Buddhist-derived mindfulness, that is, placing it alongside many other religious-derived alternatives (rather than under a co-branded umbrella), communities from around the globe can select the meditative options that make the most sense for them in an effort to cultivate and maintain physical, mental, social, and spiritual health.

Declarations

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